

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **John Lawrence Atkins**
Melissa Sue Atkins

Case No. **11-42595-13**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$223,610.00			
B - Personal Property	Yes	5	\$29,444.00			
C - Property Claimed as Exempt	Yes	3				
D - Creditors Holding Secured Claims	Yes	1				\$242,850.41
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$1,800.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3				\$7,107.92
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	1				
J - Current Expenditures of Individual Debtor(s)	Yes	2				
TOTAL		20	\$253,054.00	\$251,758.33		

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **John Lawrence Atkins**
Melissa Sue Atkins

Case No. **11-42595-13**

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	\$3,632.00
Average Expenses (from Schedule J, Line 18)	\$3,580.02
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,800.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$7,107.92
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$7,107.92

B6A (Official Form 6A) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Land 1 acre Rainbow Lake Estates Marion County Florida	Fee Simple	C	\$6,210.00	\$1,158.17
H/L: 533 Meadow Knoll Ct., Keller, TX	PMSI	C	\$217,400.00	\$241,692.24
Total:			\$223,610.00	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		cash	C	\$75.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Frost Bank checking acct.	C	\$1,900.00
		Frost Bank checking acct.	C	\$885.00
		EECU savings acct.	C	\$5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Tri-County Electric	C	\$400.00
		Atmos Energy	C	\$200.00
4. Household goods and furnishings, including audio, video and computer equipment.		household goods and furnishings	C	\$989.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		books \$30 pictures and art objects \$45 CD's \$15 antiques \$20 stamps \$10 collectibles \$120	C	\$240.00
6. Wearing apparel.		clothing	C	\$500.00
7. Furs and jewelry.		rings \$50 watches \$260 wedding rings \$270 necklaces \$5 bracelets \$10	C	\$595.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		camera \$25 exercise equipment \$30	C	\$55.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Phoenix Mutual whole life insurance policy face value = \$100,000 cash value = \$0 outstanding loan of \$30,000	C	\$0.00
		Knights of Columbus New Haven, CT whole life insurance policy face value = \$4,000 cash value = \$0	C	\$0.00
		Knights of Columbus New Haven, CT whole life insurance policy face value = \$5,000 cash value = \$100	C	\$100.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		TD Ameritrade IRA	C	\$6,000.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Anticipated tax refund for 2008-2010	C	\$6,000.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
21. Other contingent and unliqui- dated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1985 Mercedes Benz 300sd	C	\$2,500.00
		2005 Ford Expedition	C	\$8,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
30. Inventory.	X			
31. Animals.		4 dogs	C	\$0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Wheelchair	C	\$1,000.00
<div style="text-align: right;"> 4 continuation sheets attached (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) </div>				Total > \$29,444.00

B6C (Official Form 6C) (4/10)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds
\$146,450.*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Land 1 acre Rainbow Lake Estates Marion County Florida	11 U.S.C. § 522(d)(5)	\$5,051.83 100% of FMV	\$6,210.00
H/L: 533 Meadow Knoll Ct., Keller, TX	11 U.S.C. § 522(d)(1)	\$0.00 100% of FMV	\$217,400.00
cash	11 U.S.C. § 522(d)(5)	\$75.00 100% of FMV	\$75.00
Frost Bank checking acct.	11 U.S.C. § 522(d)(5)	\$1,900.00 100% of FMV	\$1,900.00
Frost Bank checking acct.	11 U.S.C. § 522(d)(5)	\$885.00 100% of FMV	\$885.00
EECU savings acct.	11 U.S.C. § 522(d)(5)	\$5.00 100% of FMV	\$5.00
Tri-County Electric	11 U.S.C. § 522(d)(5)	\$400.00 100% of FMV	\$400.00
Atmos Energy	11 U.S.C. § 522(d)(5)	\$200.00 100% of FMV	\$200.00
household goods and furnishings	11 U.S.C. § 522(d)(3)	\$989.00 100% of FMV	\$989.00
* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$9,505.83	\$228,064.00

B6C (Official Form 6C) (4/10) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
books \$30 pictures and art objects \$45 CD's \$15 antiques \$20 stamps \$10 collectibles \$120	11 U.S.C. § 522(d)(3)	\$240.00 100% of FMV	\$240.00
clothing	11 U.S.C. § 522(d)(3)	\$500.00	\$500.00
rings \$50 watches \$260 wedding rings \$270 necklaces \$5 bracelets \$10	11 U.S.C. § 522(d)(4)	\$595.00 100% of FMV	\$595.00
camera \$25 exercise equipment \$30	11 U.S.C. § 522(d)(3)	\$55.00 100% of FMV	\$55.00
Phoenix Mutual whole life insurance policy face value = \$100,000 cash value = \$0 outstanding loan of \$30,000	11 U.S.C. § 522(d)(7)	100% 100% of FMV	\$0.00
Knights of Columbus New Haven, CT whole life insurance policy face value = \$4,000 cash value = \$0	11 U.S.C. § 522(d)(7)	100% 100% of FMV	\$0.00
Knights of Columbus New Haven, CT whole life insurance policy face value = \$5,000 cash value = \$100	11 U.S.C. § 522(d)(7)	100% 100% of FMV	\$100.00
		\$10,995.83	\$229,554.00

B6C (Official Form 6C) (4/10) -- Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 2*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
TD Ameritrade IRA	11 U.S.C. § 522(d)(12)	100% 100% of FMV	\$6,000.00
Anticipated tax refund for 2008-2010	11 U.S.C. § 522(d)(5)	\$6,000.00 100% of FMV	\$6,000.00
1985 Mercedes Benz 300sd	11 U.S.C. § 522(d)(2)	\$2,500.00 100% of FMV	\$2,500.00
	11 U.S.C. § 522(d)(5)	\$0.00 100% of FMV	
2005 Ford Expedition	11 U.S.C. § 522(d)(2)	\$3,450.00 100% of FMV	\$8,000.00
	11 U.S.C. § 522(d)(5)	\$4,550.00 100% of FMV	
4 dogs	11 U.S.C. § 522(d)(3)	\$0.00 100% of FMV	\$0.00
Wheelchair	11 U.S.C. § 522(d)(5)	\$1,000.00 100% of FMV	\$1,000.00
		\$34,495.83	\$253,054.00

B6D (Official Form 6D) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	C	DATE INCURRED: NATURE OF LIEN: PMSI COLLATERAL: H/L: 533 Meadow Knoll Ct., Keller, TX REMARKS: Debtors intend to pay direct	X	\$189,000.00	
Litton Loan Servicing PO Box 4387 Houston, TX 77210-4387		VALUE: \$217,400.00			
ACCT #:		DATE INCURRED: Various NATURE OF LIEN: Arrearage claim COLLATERAL: H/L: 533 Meadow Knoll Ct., Keller, TX REMARKS:			
Litton Loan Servicing PO Box 4387 Houston, TX 77210-4387	C	VALUE: \$217,400.00	X	\$48,060.00	
ACCT #: xxxxx-xx6-012	C	DATE INCURRED: NATURE OF LIEN: Property Taxes for 2008-2010 COLLATERAL: Land/ Rainbow Springs Florida REMARKS: Debtors intend to pay through plan		\$1,158.17	
Marion County Tax Assessor George Albright 503 SE 25th Ave. Ocala, FL 34471		VALUE: \$6,210.00			
ACCT #: xxx9870		DATE INCURRED: NATURE OF LIEN: Property Taxes for 2010 COLLATERAL: H/L: 533 Meadow Knoll Ct., Keller, TX REMARKS: Debtors intend to pay through plan			
Tarrant County Tax Collector 100 E Weatherford St Fort Worth, TX 76196	C	VALUE: \$217,400.00		\$4,632.24	
Subtotal (Total of this Page) >				\$242,850.41	\$0.00
Total (Use only on last page) >				\$242,850.41	\$0.00

No continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6E (Official Form 6E) (04/10)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: The Vida Law Firm, PLLC 3000 Central Drive Bedford, Texas 76021	C	DATE INCURRED: 05/02/2011 CONSIDERATION: Attorney Fees REMARKS:				\$1,800.00	\$1,800.00	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$1,800.00	\$1,800.00	\$0.00
						\$1,800.00		
							\$1,800.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Charter Communications 15100 Trinity Blvd, Ste 500 Fort Worth, TX 76155-2729	C	DATE INCURRED: CONSIDERATION: Contract/Lease REMARKS: Internet				Unknown
ACCT #: x7508 Cook's Children's Northeast Hospital PO Box 99406 Ft. Worth, TX 76199-0406	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$338.59
ACCT #: xx3873 Dynasplint Systems, Inc. 770 Ritchie Highway, Ste. W-21 Severna Park, MD 21146-4152	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$250.00
ACCT #: xxx0239 Ethicus Hospital Grapevine 4201 William D. Tate Grapevine, TX 76051	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$1,056.10
ACCT #: xxxx-xxxx-xxxx-4564 First Premier Bank Bankruptcy Dept. PO Box 5147 Sioux Falls, SD 57117-5147	C	DATE INCURRED: CONSIDERATION: Credit Account REMARKS:				\$144.00
ACCT #: xxxxxxx9793 Grapevine Emerg. Physicians PO Box 41587 Philadelphia, PA 19101-1587	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$344.00
Subtotal >						\$2,132.69
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

2 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx-xxxx-xxxx-1573 Household Bank Mastercard PO Box 60102 City of Industry, CA 91716-0102	C	DATE INCURRED: CONSIDERATION: Credit Account REMARKS:				\$342.53
ACCT #: Lab Corp. PO Box 2240 Burlington, NC 27216-2240	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$58.00
ACCT #: 1173 North Hills Family Medicine 4351 Booth Calloway Rd. #101 N. Richland Hills, TX 76180	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$28.30
ACCT #: North Hills Family Medicine 4351 Booth Calloway Rd. #101 N. Richland Hills, TX 76180	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$2,078.21
ACCT #: 1173 North Hills Family Medicine 4351 Booth Calloway Rd. #101 N. Richland Hills, TX 76180	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$242.00
ACCT #: T-Mobile PO Box 660252 Dallas, TX 75266	C	DATE INCURRED: CONSIDERATION: Contract/Lease REMARKS: cell phone				Unknown

Sheet no. 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$2,749.04

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x2814 The Healthcare Store 944 Melbourne Rd. Hurst, TX 76053	C	DATE INCURRED: CONSIDERATION: Medical Expense REMARKS:				\$789.64
ACCT #: xxxxxxxxxxxxx0609 Verizon Wireless Bankruptcy Administration Office PO Box 3397 Bloomington, IL 61702	C	DATE INCURRED: CONSIDERATION: Services Rendered REMARKS:				\$1,436.55
Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$2,226.19
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total > \$7,107.92

B6G (Official Form 6G) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p>Charter Communications 15100 Trinity Blvd, Ste 500 Fort Worth, TX 76155-2729</p> <p>T-Mobile PO Box 660252 Dallas, TX 75266</p>	<p>Internet Contract to be ASSUMED</p> <p>cell phone Contract to be ASSUMED</p>

B6H (Official Form 6H) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	Dependents of Debtor and Spouse	
	Relationship(s): Son Daughter Daughter	Age(s): 19 yrs 16 yrs 12 yrs
Relationship(s):		Age(s):
Employment:	Debtor	Spouse
Occupation	Disabled	Unemployed/ Caregiver
Name of Employer		
How Long Employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$0.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$0.00	\$0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$0.00	\$0.00
b. Social Security Tax	\$0.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$0.00	\$0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$0.00	\$0.00
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify): Social Security Disability	\$2,056.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. Daughter's SSDI	\$538.00	\$0.00
b. Daughter's SSDI	\$538.00	\$0.00
c. Income tax refund	\$500.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$3,632.00	\$0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$3,632.00	\$0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$3,632.00	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

B6J (Official Form 6J) (12/07)

IN RE: **John Lawrence Atkins**
Melissa Sue AtkinsCase No. **11-42595-13**

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,810.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other:	\$130.00 \$65.00
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions	\$400.00 \$85.00 \$50.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$274.00 \$103.00 \$104.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify: Property taxes	\$386.02
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: d. Other:	
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: See attached personal expenses 17.b. Other:	\$173.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$3,580.02
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None.	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	
	\$3,632.00 \$3,580.02 \$51.98

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **John Lawrence Atkins**
Melissa Sue Atkins

CASE NO **11-42595-13**

CHAPTER **13**

EXHIBIT TO SCHEDULE J

Itemized Personal Expenses

Expense	Amount
Cable/Satellite	\$8.00
Natural gas	\$45.00
Auto Repair	\$10.00
School Expenses	\$20.00
Cellular Phone	\$75.00
Animal Care	\$15.00
Total >	\$173.00

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **John Lawrence Atkins**
Melissa Sue Atkins

Case No. **11-42595-13**
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **22** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **5/27/2011**

Signature **/s/ John Lawrence Atkins**
John Lawrence Atkins

Date **5/27/2011**

Signature **/s/ Melissa Sue Atkins**
Melissa Sue Atkins

[If joint case, both spouses must sign.]